

§ 155.130

§ 155.130 Stakeholder consultation.

The Exchange must regularly consult on an ongoing basis with the following stakeholders:

- (a) Educated health care consumers who are enrollees in QHPs;
- (b) Individuals and entities with experience in facilitating enrollment in health coverage;
- (c) Advocates for enrolling hard to reach populations, which include individuals with mental health or substance abuse disorders;
- (d) Small businesses and self-employed individuals;
- (e) State Medicaid and CHIP agencies;
- (f) Federally-recognized Tribes, as defined in the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a, that are located within such Exchange's geographic area;
- (g) Public health experts;
- (h) Health care providers;
- (i) Large employers;
- (j) Health insurance issuers; and
- (k) Agents and brokers.

§ 155.140 Establishment of a regional Exchange or subsidiary Exchange.

(a) *Regional Exchange.* A State may participate in a regional Exchange if:

- (1) The Exchange spans two or more States, regardless of whether the States are contiguous; and
- (2) The regional Exchange submits a single Exchange Blueprint and is approved to operate consistent with § 155.105(c).

(b) *Subsidiary Exchange.* A State may establish one or more subsidiary Exchanges within the State if:

- (1) Each such Exchange serves a geographically distinct area; and
- (2) The area served by each subsidiary Exchange is at least as large as a rating area described in section 2701(a) of the PHS Act.

(c) *Exchange standards.* Each regional or subsidiary Exchange must:

- (1) Otherwise meet the requirements of an Exchange consistent with this part; and
- (2) Meet the following standards for SHOP:
 - (i) Perform the functions of a SHOP for its service area in accordance with subpart H of this part; and

45 CFR Subtitle A (10–1–12 Edition)

(ii) If a State elects to operate its individual market Exchange and SHOP under two governance or administrative structures as described in § 155.110(e), the SHOP must encompass a geographic area that matches the geographic area of the regional or subsidiary Exchange.

§ 155.150 Transition process for existing State health insurance exchanges.

(a) *Presumption.* Unless an exchange is determined to be non-compliant through the process in paragraph (b) of this section, HHS will otherwise presume that an existing State exchange meets the standards under this part if:

- (1) The exchange was in operation prior to January 1, 2010; and
- (2) The State has insured a percentage of its population not less than the percentage of the population projected to be covered nationally after the implementation of the Affordable Care Act, according to the Congressional Budget Office estimates for projected coverage in 2016 that were published on March 30, 2011.

(b) *Process for determining non-compliance.* Any State described in paragraph (a) of this section must work with HHS to identify areas of non-compliance with the standards under this part.

§ 155.160 Financial support for continued operations.

(a) *Definition.* For purposes of this section, participating issuers has the meaning provided in § 156.50.

(b) *Funding for ongoing operations.* A State must ensure that its Exchange has sufficient funding in order to support its ongoing operations beginning January 1, 2015, as follows:

- (1) States may generate funding, such as through user fees on participating issuers, for Exchange operations; and
- (2) No Federal grants under section 1311 of the Affordable Care Act will be awarded for State Exchange establishment after January 1, 2015.

Subpart C—General Functions of an Exchange

§ 155.200 Functions of an Exchange.

(a) *General requirements.* The Exchange must perform the minimum